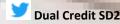


| Student Name: | School: | | |
|---------------|----------------|-----|--|
| Program: | _ Start Mo/Yr: | /20 | |

CENTRAL OKANAGAN PUBLIC SCHOOLS

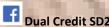
DUAL CREDIT APPLICATION

CERTIFIED EDUCATION **ASSISTANT &** HEALTHCARE ASSISTANT

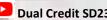


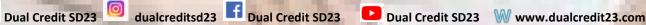












DUAL CREDIT PROGRAM CHECKLIST

GETTING STARTED

- Students/parents meet with their school Career Coordinator/counsellor to review program options.
- Students should not be taking a post-secondary programs unless they have met the prerequisites and are prepared to attend all classes and complete all course work.
- Careful consideration should be exercised when deciding on enrolling in post-secondary courses. College courses will be permanently recorded on your post-secondary file.
- Withdrawal process: If you are not able to complete the program you may withdraw without academic penalty as per Okanagan College's policy. See http://www.okanagan.bc.ca/.

HOW TO APPLY:

- See your school career coordinator/counsellor prior to filling out application.
- Students are to return the completed application package to their school career coordinator/counsellor.

| ✓ | For schools only: | |
|---|------------------------------------|---|
| | CEA Applications | submit to Doug Meraw at George Elliot Secondary |
| | Health Care Assistant Applications | submit to Bob Boback at Hollywood Road |

- A Career Coordinator will contact you to notify you of your acceptance and what the next steps are.
- Students are accepted based on a first come-first serve basis in addition to meeting the prerequisites and the student's readiness for an adult learning program.
- Where the number of applicants exceed availability a waitlist may be created.

Use the checklist below to ensure your application is "complete" before handing into the Career Centre.

| Central Okanagan Public Schools Application |
|--|
| Okanagan College application (2 pages) |
| Okanagan College Consent to Release Information Form |
| Completed and signed Responsibility Agreement |
| Completed and signed Student Graduation and Transition Plan |
| High school transcript (DVR) (provided by Career Counselling Centre) |
| Teacher Recommendation Form |

NOTES:

- A Criminal Record Check will be distributed in class at the start of the program (students will submit and pay for this on their own)
- Incomplete applications will delay registration.
- Tuition fees only will be paid by SD No. 23. You are responsible for books/supplies and ancillary fees.
- Fees are subject to change.

CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

Please print

| Name* | | | |
|--|---|--|--|
| Last Name | | irst Name | Middle Name |
| Address* | | City* | |
| Home Phone* | Student Cell | | Postal Code* |
| Date of Birth (mm/dd/yyyy)* _ | | SIN* | |
| Are you of First Nations He | ritage? □ Yes □ No | Canadian | Citizen □ Yes □ No |
| Student email address: (mos | st used)* | | |
| Parent email address:* | | | |
| Parent / Guardian Contact* | | | |
| Home Phone * | | Work/Cell* | |
| Emergency Contact Person | | | |
| Home Phone | | Work/Cell | |
| *Are you currently on an IEF | or Learning Plan? LINO | · | s, please specify which one: ning Plan □ Behaviour Support Plan |
| or a Dual Credit Program, falsified nd the references listed in this a ducational purposes relating to re elated picture of myself for the pure Parental Note: Some of the conte | d statements may be reason for application. I allow the Dual Creamy selected field of study. I allow the promotion and communication of the program may be adulted. | removal. I authorize idit Department to comow the Dual Credit Proposition of the program to oriented. By signing | my knowledge and understand that, if selected nvestigation of all statements contained herein municate to all Post-Secondary Institutions for ograms Department to use any work or school m. this form, you are acknowledging that you are ting your child permission to fully participate in |
| Criminal Record Search: Where with a vulnerable sector. By signi | ing this form, parents/guardians | are agreeing to allow | al records check to ensure suitability in working v their student to complete the criminal record the CRC on their own – do not return to school. |
| Student Signature | | Date | <u> </u> |
| Parent/Guardian (print name) | | | |
| Parent/Guardian Signatur | e | Date | |

All signatures must be in place before application is accepted.



APPLICATION FORM CONCURRENT ENROLMENT

[] Non-refundable \$30 fee paid.

| ONE |

| Program Name | Campus | | | Term | | | | |
|-----------------------------------|-------------------------|--|--|---|---|---|--|--|
| ☐ Associate of Arts | ☐ Vernon | | | ☐ Fall (Sep | ptember) | | | |
| ☐ Associate of Science | ☐ Kelowna | ☐ Kelowna ☐ Winter (January) | | | | | | |
| ☐ Business | ☐ Penticton | | | Summer | Session I (May) | | | |
| | | | | Summer | Session II (July) | | | |
| | | | | Other: | (e.g. | Nov, Mar) | | |
| Current High School Attended | | City/Province | e , | From /ear/Month | To Year/Month | Currently Attending | Grade/Year Completed | |
| | | | | | | | | |
| | | | | | | | | |
| Personal Information— | Please Print C | learly | | | | | | |
| Legal Last or Family Name | | First Name | | | Middle Name | e(s) | | |
| Preferred First Name | Previous (Maiden | n) Name (if appl | icable) | Okanagan Co | ollege ID (if known |) | | |
| Permanent Address City/Town | | | | | | | | |
| Province/State and Country | | | F | ostal Code/Zip | p Code | | | |
| E-mail Address | | (Okanagan Co have entered College with y | llege uses your emai | email to comr l address corr nt email so we | municate with all ectly. It is your re can communicat | applicants. Pleas esponsibility to p e important info | se ensure you rovide the rmation to you) | |
| Gender | | | | ate of Birth | | | $\overline{}$ | |
| ☐ Male ☐ Female | ☐ Not Available | e | | L | day month | year | | |
| Country of Citizenship | | | Official Status in Canada Permanent Resident/Landed Immigrant Current, valid Study Permit None of the above | | | | | |
| Telephone - Primary | | - | Telephone | - Alternate | | | | |
| Emergency Contact Name (Ple | ase note, the emergency | y contact is not gr | anted a rele | ase of informati | ion unless specified in | n the students myOi | kanagan account.) | |
| Emergency Contact Telephone - Pri | mary | | Emergency | Contact Telep | phone - Alternate | | | |

| 1) Is your educational goal to complete an entire program of study (any length) at Okanagan College? (Degree, Diploma etc.) Yes No 2) If you answered "No" to question 1, what is your educational goal at Okanagan College? Study for two years at Okanagan College Take a few courses at Okanagan College Study for one year at Okanagan College I haven't decided yet Other 3) After achieving your educational goal, what do you intend to do next? Enter or re-join the workforce Transfer to another college, university or institute Nothing in particular - I'm here for general interest I haven't decided yet Other | Voluntary Disclosure Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit? Yes No If you answered "Yes", please indicate if you are: First Nations Métis Inuit Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada? Yes No |
|--|--|
| Personal Information Okanagan College is a public body governed by the Freedom of Informa to collect, use and share your personal information only for authorized that relates directly to and is necessary for Okanagan College's program under the authority of the FIPPA, the College and Institute Act and fro for the purposes of admission and registration. If admitted, your person consistent with our mandate. Your information may be shared with the Okanagan College Foundation for purposes such as provision of student excellence, convocation program and donor awards. Information may a individual identities will not be disclosed. Additional information may lo Okanagan College website. Questions about the collection, use and sha Registrar. | purposes. We collect, use and share personal information ns and activities. The information on this form is collected m other government agencies. The information will be used nal information is used and shared for a variety of purposes students' association, the alumni association and the services; alumni development; recognition of academic also be used for research purposes but in those cases, be found in our "Protection of Privacy Policy" on the |
| Under the FIPPA, staff may not release personal information such as you without your consent. We must, therefore, deal directly with you on all need a parent or other person to act on your behalf, and wish to give the College with your written consent authorizing the release of your person Release Information" form which can be found in your myOkanagan according to the property of the property o | ll inquiries, transactions or appeals. If, for any reason, you hem full authority to do so, you must provide Okanagan nal information to that person by completing a "Consent to |
| Communication: Communications from the College will be by email i can be found on the College website. Please notify the College of any communication for Students and Applicants Policy" in the Calendar for | hange to your email address. Please refer to the "Electronic |
| Declaration and Consent: I certify that the information contained he application are true, correct and complete. I understand that any misre on this application may result in the cancellation of my admission or reuse my personal information. I agree that Okanagan College may verify post-secondary institutions. I authorize Okanagan College to access Oka previously attended OUC. I understand and agree that my admission will all document and other requirements by Okanagan College. I authorize only by my personal OC student ID number. | epresentation, incomplete disclosure or falsified information gistration status. I Consent for the College to collect and the information provided by contacting any secondary or anagan University College (OUC) records in the event I Il not be final until my file is complete and I have satisfied |
| I understand and agree to abide by the rules, regulations and policie the Okanagan College website, as amended, while I am a student at Ok verbal advice and Okanagan College's official Calendar, regulations and | anagan College. In the event there is a conflict between |
| I agree to pay all tuition, fees and charges to Okanagan College within | in the payment deadlines posted by the College. |
| | |
| Applicant's Signature: | Date: |

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account. Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.

STUDENT PROFILE

| .egai Last Hame | Legal Fi | rst Name: |
|--|---|--|
| OC Student ID:N// | ADate of | Birth (dd/mm/yy): |
| dd Release (only one peame (First and Last): | erson per release) Central Okanagan Public Scho | ools - Career Life Programs |
| | □ Lawyer □ Sponsor | ☐ Family ☐ Parent ☐ Spouse s to be released. Or select specific items and ente |
| ective Dates (maximum of | f 2 years): From:(today's data) | To: |
| | INFORMATION TO | (two years from today's date) RELEASE |
| All current information listed below Name Address Phone Email | INFORMATION TO Status of application Application de Financial information Tuition, fees, in may include your program, name, address Transcript of academic record are | cision, outstanding items and deadlines fines, invoices/statements/receipts and tax receipts, which all s and student ID ad confirmation of enrolment Official or unofficial ing grades, academic standing, and current, past, future in name, address, and student ID bound recordings in any media for any purpose |



TEACHER STATEMENT OF RECOMMENDATION

Thank you for completing the *Teacher Statement of Recommendation* regarding the student named below. The information on this reference will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

| St | udent Name: | | | | | _ | |
|----|----------------------------------|------------------|-----------|------|------|------|--|
| Te | acher: | Class: | | | | | |
| Sc | hool: | Teacher Phone #: | | | | | |
| | | Excellent | Very Good | Good | Fair | Poor | |
| 1. | Attendance/Punctuality | | | | | | |
| | Comments: | | | | | | |
| 2. | Work Ethic | | | | | | |
| | Comments: | | | | | | |
| 3. | Attitude | | | | | | |
| | Comments: | | | | | | |
| 4. | Mechanical Ability in Field | | | | | | |
| | Comments: | | | | | | |
| 5. | Initiative/Motivation | | | | | | |
| | Comments: | | | | | | |
| 6. | Interpersonal Skills/Citizenship | | | | | | |
| | Comments: | | | | | | |
| 7. | General Comments: | | | | | | |
| | Teacher Signature: | | Date: | | | | |

RESPONSIBILITY AGREEMENT High School/School District/Okanagan College Responsibilities

We will:

- provide Okanagan College tuition funding only for approved programs.
- inform you of the program prerequisites and requirements.
- help you create a transition plan that helps you navigate high school graduation and transition into postsecondary.
- work with Okanagan College admissions to ensure you are enrolled in your program of choice.
- assist you with the identification of student support services as needed (assessment, learning skills, math & English upgrading, disability services, etc.)
- liaise with your parents, high school teachers, and Okanagan College instructors regarding your participation in the program.
- report post-secondary marks for your high school transcript.

As a SD No. 23 Dual Credit student I agree to:

Parent/Guardian Name (print) ____ Parent/Guardian Signature____

Career Coordinator Name (print) _____

STUDENT RESPONSIBILITIES

| ☐ Ensure that I meet with my counsellor and career program coordinator to plan my high school timetable and transition plan to ensure I have all the prerequisites and grad requirements. |
|---|
| ☐ Submit a completed application package to my school's career center and pay any applicable |

| Student | Signature | High School |
|---------|--|--|
| Student | Name (print) | Date |
| | I will continue to respect the School District No. 23 stude | nt code of conduct regardless of program location. |
| | Follow the Okanagan College General Academic Regulatietc. (http://webapps-5.okanagan.bc.ca/ok/Calendar/General | 5 5 |
| | Inform Okanagan College, your parents, and your home swithdraw from the program. Remember withdrawing from secondary record. | |
| | Contact my instructor if I will be late or absent. Daily attestion secondary level. Failure to attend daily, and on-time may refund. | |
| | Be prepared to fully commit to the rigors of post-second study. | ary school and agree to match course hours with home |
| | Pay all required fees for student ancillary fees and textbo | oks/supplies. |
| | Communicate with Okanagan College admissions to ensu | are all prerequisites and payments are made on time. |
| | Submit a completed application package to my school's application/requisite fees to Okanagan College. | career center and pay any applicable |
| | transition plan to ensure I have all the prerequisites and | grad requirements. |



SD23 Career Programs School DUAL CREDIT TRANSITION PLAN

| Date: | | | | | | | |
|-------------------------|---------|------|-----|-----------|-----|-----|--|
| Last Name: _ | | | | First Nam | e: | | |
| School: (circle one) | Central | GESS | KSS | MBSS | OKM | RSS | |

Make an appointment with your Career Coordinator/Counsellor to develop an Education/Transition Plan.

- 1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
- 2. Attach DVR

| | ELECTIVE ((28 cre | | | | | | |
|-------------------|------------------------------|---------------------|---------|--|-----------|--|--|
| Course | Credits | Course | Credits | redits Students can choose to complete elective courses through a Dual Cree Program. Select one below | | | |
| English 10 | 4 | English/Com 11 | 4 | Transition | | | |
| | | | | Pathway | | | |
| Fine Arts 10 | 4 | Social Studies 11, | 4 | ☐ Business | ☐ Health | | |
| Science 10 | 4 | Science 11 or 12 | 4 | ☐ Technology | ☐ Science | | |
| Math 10 | 4 | Math 11 or 12 | 4 | ☐ Communications | ☐ Trades | | |
| Social Studies 10 | 4 | English/Com 12 | 4 | | | | |
| PE 10 | 4 | Grad Transitions 12 | 4 | Specify Career: | | | |
| Planning 10 | 4 | | 4 | | | | |

| Grade 11 | | Grade 12 | | POST-SECONDARY |
|-----------------------|-------|------------------------|-------|-------------------------------|
| Sem 1 | Sem 2 | Sem 1 | Sem 2 | (Transition Program/Course(s) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Credits: | | Total Credits: | | Total Credits: |
| | | Predicted | | |
| | | Graduation Date | | |

| Student Signature | Parent/Guardian Signature |
|-------------------|---------------------------|